

CONFIDENTIAL

(When Filled In)

Complete in duplicate. The data recorded on this form is essential in determining travel expenses, allowances in connection with leave at government expense, overseas duty, return to residence upon separation, and for providing current residence and dependency information required in the event of an employee emergency. The original of this form will be filed in the employee's official personnel folder.

NAME OF EMPLOYEE (Last) (First) (Middle)		SOCIAL SECURITY NUMBER	
1. Mills, Monty			
RESIDENCE DATA			
PLACE OF RESIDENCE WHEN INITIALLY EMPLOYED BY AGENCY	LAST PLACE OF RESIDENCE IN CONTINENTAL U.S. (If appointed abroad)		
2626 Sigmon St. Falls Church	Same		
PLACE IN CONTINENTAL U.S. DESIGNATED AS PERMANENT RESIDENCE	HOME LEAVE RESIDENCE		
Same			
2. MARITAL STATUS (Check one)			
<input type="checkbox"/> SINGLE	<input checked="" type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED
IF MARRIED, PLACE OF MARRIAGE		DATE OF MARRIAGE	
Pampa Tex		13 Jan 45	
IF DIVORCED, PLACE OF DIVORCE DECREE		DATE OF DECREE	
IF WIDOWED, PLACE SPOUSE DIED		DATE SPOUSE DIED	
IF PREVIOUSLY MARRIED, INDICATE NAME(S) OF SPOUSE, REASON(S) FOR TERMINATION, AND DATE(S)			
3. MEMBERS OF FAMILY			
NAME OF SPOUSE	ADDRESS (No., Street, City, Zone, State)	TELEPHONE NO.	
Mills, Marjorie E	Same as above	534 0036	
NAMES OF CHILDREN	ADDRESS	SEX	DATE OF BIRTH
Mills, Jeffery L.	S. Viet Nam	M	22 Dec 45
Mills, Robert G.	2626 Sigmon St. Falls Church	M	17 June 55
Mills, Thomas S.	"	M	9 Feb 50
NAME OF YOUR FATHER (Or male guardian)	ADDRESS	TELEPHONE NO.	
Mills, M.A.	Portales NM		
NAME OF YOUR MOTHER (Or female guardian)	ADDRESS	TELEPHONE NO.	
Mills, Mrs M.A.	"		
WHAT MEMBER(S) OF YOUR FAMILY IF ANY, HAS BEEN TOLD OF YOUR AFFILIATION WITH THE ORGANIZATION IF CONTACT IS REQUIRED IN AN EMERGENCY.			
Spouse			
4. PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
NAME (Mr., Mrs., Miss) (Last-First-Middle)	RELATIONSHIP		
Mills, Willard B.	Bro		
HOME ADDRESS (No., Street, City, Zone, State)	HOME TELEPHONE NUMBER		
1407 Becket St. Austin, Tex	534 0036		
BUSINESS ADDRESS (No., Street, City, Zone, State) AND NAME OF EMPLOYER, IF APPLICABLE	BUSINESS TELEPHONE & EXTENSION		
U.S. Geological Survey, Austin Tex			
IS THE INDIVIDUAL NAMED ABOVE WITTING OF YOUR AGENCY AFFILIATION? (If "No" give name and address of organization he believes you work for.)			YES <input checked="" type="checkbox"/>
			NO <input type="checkbox"/>
IS THIS INDIVIDUAL AUTHORIZED TO MAKE DECISIONS ON YOUR BEHALF IN THE EVENT YOU ARE INCAPABLE? (If "No" give name and address of person, if any, who can make such decisions in case of emergency.)			YES <input checked="" type="checkbox"/>
			NO <input type="checkbox"/>
DOES THIS INDIVIDUAL KNOW THAT HE HAS BEEN DESIGNATED AS YOUR EMERGENCY ADDRESSEE? (If answer is "No" explain why in item 6.)			YES <input checked="" type="checkbox"/>
			NO <input type="checkbox"/>
The persons named in item 3 above may also be notified in case of emergency. IF SUCH NOTIFICATION IS NOT DESIRABLE BECAUSE OF HEALTH OR OTHER REASONS, PLEASE SO STATE IN ITEM 6 ON THE REVERSE SIDE OF THIS FORM.			
CONTINUED ON REVERSE SIDE			
CURRENT RESIDENCE AND DEPENDENCY REPORT			

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5. VOLUNTARY ENTRIES

Experience in the handling of employee emergencies has shown that the absence of certain personal data often delays and complicates the settlement of estate and financial matters. The information requested in this section may prove very useful to your family or attorney in the event of your disability or death and will be disclosed only when circumstances warrant.

INDICATE NAME AND ADDRESS OF ANY BANKING INSTITUTIONS WITH WHICH YOU HAVE ACCOUNTS AND THE NAMES IN WHICH THE ACCOUNTS ARE CARRIED.

ARE YOU A MEMBER OF THE NORTHWEST FEDERAL CREDIT UNION? ☐ YES ☒ NO

IF YES, DO YOU HAVE A JOINT ACCOUNT? ☐ YES ☐ NO

HAVE YOU COMPLETED A LAST WILL AND TESTAMENT? ☐ YES ☒ NO. (If "Yes" where is document located?)

HAVE YOU PREPLANNED AN ARRANGED GUARDIANSHIP OF YOUR CHILDREN IN CASE OF COMMON DISASTER TO BOTH PARENTS? ☒ YES ☐ NO. (If "Yes" give name(s) and address)

HAVE YOU EXECUTED A POWER OF ATTORNEY? ☐ YES ☒ NO. (If "Yes", who possess the power of attorney?)

6. ADDITIONAL DATA AND/OR CONTINUATION OF PRECEDING ITEMS

SIGNED AT

Washington D.C.

DATE

14 March 1966

SIGNATURE

Montrell E. Mills

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